The Impact of Social Isolation on Coping Style Utilization

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Abstract

This study explores the different coping styles used depending on the individuals perceived level of social isolation. 151 undergraduate students from the University of Bridgeport were recruited to complete scales used to measure coping styles (Carver, 2013) and Social Isolation (UCLA Loneliness scale; Russell, 1996). Results demonstrated that styles of coping were impacted when comparing high vs. low perceived social isolation. This has ramifications for future studies, which should explore the socio-cognitive mechanisms underlying these changes.

Introduction

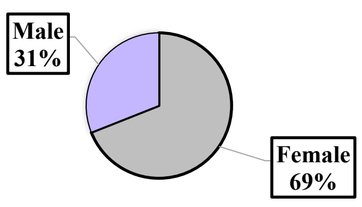
- The need to belong is argued to be one of the fundamental needs and motives for human behavior (Baumeister & Leary, 1995). Current literature examines the psychological implications of social isolation and exclusion, as well as the emotional response. (Gruter & Masters, 1986; Williams, 1997, 2007). However, social psychologists have not studied the coping styles frequently used by individuals who perceive themselves as highly socially isolated versus not socially isolated.

- The term social isolation has been defined as the avoidance or refusal of being present among others, resulting in an individual isolating themselves (Delelis & Christophe, 2018). Literature suggests that social isolation is often a result of an individual's experience of negative emotions, stress, or a perceived threat to one's self (Mikulincer & Shaver, 2012; Vanhalst, Goossens, Luyckx, Scholte, & Engels, 2013). Physical pain has also been found to be associated with social isolation and exclusion (Eisenberger, Lieberman, & Williams, 2003).
- In addition, the concept of Ostracism is also closely related to social isolation and rejection. Research has determined several behavioral effects of ostracism, such as anger and the excessive attempt to strengthen or restore current relational needs, (i.e. prosocial behavior and increased understanding) or attempts to control, which in turn may lead to antisocial behaviors (Williams,2007). However, frequent exposure to social exclusion appears to weaken an individual's coping abilities, resulting in further social isolation (Williams, 2007).

- How coping styles are directly related to either high versus low social isolation has not been examined in the current literature. Thus, coping styles as a response to emotion has been widely examined throughout literature (Endler & Parker, 1990; Folkman & Lazarus, 1988; McCrae & Costa Jr., 1986). Two major styles of coping have been identified, namely emotion-focused coping and problem-focused coping (Folkman & Lazarus, 1985). Problem-focused coping strategies are often used in events where the stressor or threat is viewed as changeable, resulting the individual to take action and remove oneself from the events causing stress. Whereas emotional-focused coping is seen in events that are perceived as unchangeable, i.e. seeking emotional support or self-blame (Aldwin, Folkman, Schaefer, Coyne, & Lazarus, 1980).

Participant Demographics

Participants (N = 151) were recruited from various undergraduate psychology courses at the University of Bridgeport, in exchange for extra credit. The participants filled out a 42 page survey via pencil and paper in one sitting that took approximately 75 minutes. For students whose second language was English, they were allotted extra time and were allowed to use translators when requested. Of the sample, 14.2% of the participants were international students. Self-reported Ethnicity was the following: 44% African American, 28% Hispanic/Latino, 23% White, 14% Asian, and 12% Other/Not Disclosing.



Instrumentation

UCLA Loneliness Scale (UCLA Loneliness scale; Russell, 1996) measures the degree to which someone experiences feelings of loneliness as well as feelings of social isolation. The scale consists of 20 questions (i.e. "my interests and ideas are not shared by those around me") and requires each participant to rate their subjective feelings as either O (I often feel this way), S (I sometimes feel this way), R (I rarely feel this way), N (I never feel this way).

The Brief COPE scale used is an abbreviated version of the COPE inventory (Carver, 1997). This scale measures a broad range of coping styles. Participants are required to indicate what they normally do or feel in stressful events on a scale from 1-4 (1 -" I usually don't do this at all", 4 - "I usually do this a lot"). The questions asked are, for example, "I use alcohol or drugs to make myself feel better" or "I try to get advice from someone about what to do".

Results

Figure 1.
Significant relationship ($p < 0.05$) between high vs. low social isolation Social Isolation was found to significantly impact several styles of coping.

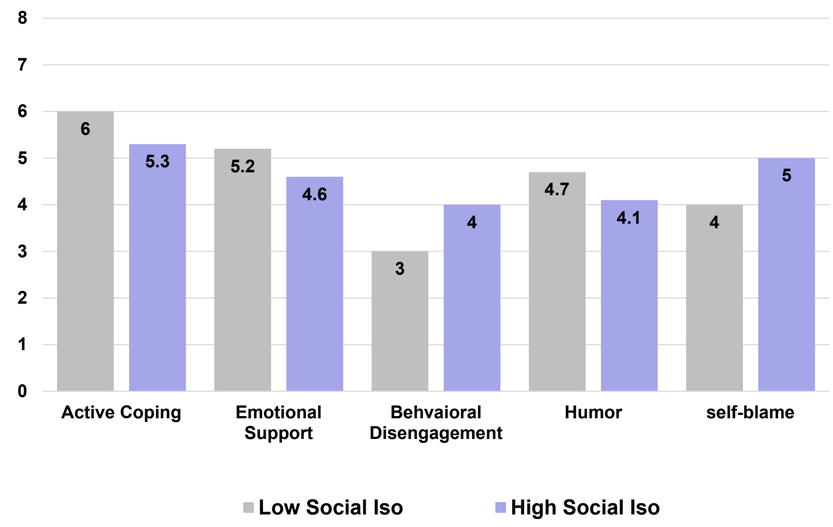


Table 1. **ANOVA results comparing high vs. low social isolation on coping style.**

Coping Style	Self-reported level of social isolation	N	Mean	Std. Dev.	F-statistic	P-Value
Actve Coping	Low social Isolation High Social isolation	71 78 Total: 149	6..0 5.3	1.5 1.6	6.95	.009
Emotional support	Low social Isolation High Social isolation	70 78 Total: 148	5.2 4.6	1.7 1.8	4.65	.033
Behavioral disengagement	Low social Isolation High Social isolation	71 78 Total: 149	3.1 4.0	1.2 1.8	12.99	.000
Humor	Low social Isolation High Social isolation	70 78 Total: 148	4.7 4.1	2.1 1.9	4.12	.044
Self-blame	Low social Isolation High Social isolation	71 78 Total: 149	4.2 5.0	1.7 1.7	8.07	.005
Self-Distraction	Low social Isolation High Social isolation	71 78 Total: 149	5.5 5.8	1.7 1.6	1.55	.214
Denial	Low social Isolation High Social isolation	71 78 Total: 149	3.5 3.7	1.5 1.8	.53	.465
Substance Abuse	Low social Isolation High Social isolation	71 78 Total: 149	2.8 2.7	1.6 1.4	.20	.655
Instrumental Social Support	Low social Isolation High Social isolation	71 78 Total: 149	4.9 4.5	1.8 1.7	1.91	.168
Venting	Low social Isolation High Social isolation	71 78 Total: 149	4.3 4.4	1.6 1.5	.325	.569
Positive Reinforcement	Low social Isolation High Social isolation	71 78 Total: 149	5.6 5.5	1.7 1.7	.085	.771
Planning	Low social Isolation High Social isolation	71 78 Total: 149	5.9 5.7	1.7 1.8	.346	.557
Acceptance	Low social Isolation High Social isolation	71 78 Total: 149	5.6 5.8	1.6 1.6	.416	.520
Religion	Low social Isolation High Social isolation	71 78 Total: 149	4.5 3.9	2.1 1.9	3.401	.067

Discussion

- Results indicated that higher Social Isolation was associated with significantly lower utilization of Active Coping, Emotional Support, Humor, while indicating more use of Behavioral Disengagement as well as Self-Blame, all less than $p < .05$. The remaining coping styles; Positive Reinforcement, Planning, Acceptance, Religion, Self-Distraction, Denial, Substance Abuse, Instrumental Social Support, and Venting were all non-significant.

- While only some of the coping styles were impacted, those that were impacted showed the expected pattern of change:
  - Higher levels of active coping (which is good) was associated with low perceived social isolation.
  - Higher levels of perceived emotional support (which is good) was associated with low perceived social isolation.
  - Higher levels of behavioral disengagement (which is bad) was associated with high perceived social isolation.
  - Lower levels of use of humor (which is bad) was associated with high perceived social isolation.
  - Higher levels of self-blame (which is bad) was associated with high perceived social isolation.

Limitations and Future Directions

- While the present study cannot determine if these styles of coping are a cause of higher perceived social isolation, or a consequence of higher perceived social isolation, it is easy to surmise that these differences are impacting overall well being (ex: having less humor or perceiving less emotional support can have negative ramifications
- Future work should exam how and why these changes are occurring and establish which came first between perceived isolation and coping.

Conclusion

- These findings provide an initial exploration of how those with higher perceived social isolation may utilize different styles of coping, to deal with the stressors they encounter in life.
- Additionally, these findings help inform future research exploring how these changes in coping style impact other measures such as physical and mental health, and factors such as positive adjustment to college.

References

Ahn, D., & Shin, D.-H. (2013). Is the social use of media for seeking connectedness or for avoiding social isolation? Mechanisms underlying media use and s ubjective well-being. *Computers in Human Behavior*, *29*(6), 2453–2462. https://doi.org/10.1016/j.chb.2012.12.022

Baumeister, R. F., & Leary, M. R. (1995). The need to belong: Desire for interpersonal attachments as a fundamental human motivation. *Psychological Bulletin*, *117*(3), 497–529. https://doi.org/10.1037/0033-2909.117.3.497

Carver, C. S. (1997). You want to measure coping but your protocol's too long: Consider the Brief COPE. *International Journal of Behavioral Medicine*, 4, 92-100

Delelis, G., & Christophe, V. (2018). Motives for social isolation following a negative emotional episode. *Swiss Journal of Psychology*, *77*(3), 127–131. https://doi.org/10.1024/1421-0185/a000211

Eisenberger, N. I. (2012). The pain of social disconnection: examining the shared neural underpinnings of physical and social pain. *Nature Reviews Neuroscience*, *13*(6), 421–434. https://doi.org/10.1038/nrn3231

Eisenberger, N. I., Lieberman, M. D., & Williams, K. D. (2003). Does Rejection Hurt? An fMRI Study of Social Exclusion. *Science*, *302*(5643), 290–292. https://doi.org/10.1126/science.1089134

Endler, N. S., & Parker, J. D. (1990). Multidimensional assessment of coping: A critical evaluation. *Journal of Personality and Social Psychology*, *58*(5), 844–854. https://doi.org/10.1037/0022-3514.58.5.844

Folkman, S., & Lazarus, R. S. (1985). If it changes it must be a process: Study of emotion and coping during three stages of a college examination. *Journal of Personality and Social Psychology*, *48*(1), 150–170. https://doi.org/10.1037/0022-3514.48.1.150

Folkman, S., & Lazarus, R. S. (1988). Coping as a mediator of emotion. *Journal of Personality and Social Psychology*, *54*(3), 466–475. https://doi.org/10.1037/0022-3514.54.3.466

Gruter, M., & Masters, R. D. (1986). Ostracism as a social and biological phenomenon: An introduction. *Ethology and Sociobiology*, *7*(3), 149–158. https://doi.org/10.1016/0162-3095(86)90043-9

McCrae, R. R., & Costa Jr., P. T. (1986). Personality, coping, and coping effectiveness in an adult sample. *Journal of Personality*, *54*(2), 385. https://doi.org/10.1111/j.1467-6494.1986.tb00401.x

McPherson, M., Smith-Lovin, L., & Brashears, M. E. (2006). Social Isolation in America: Changes in Core Discussion Networks over Two Decades. *American Sociological Review*, *71*(3), 353–375. https://doi.org/10.1177/000312240607100301

Mikulincer, M., & Shaver, P. R. (2012). An attachment perspective on psychopathology. *World Psychiatry*, *11*(1), 11–15. https://doi.org/10.1016/j.wpsyc.2012.01.003

Russell, D. (1996). UCLA Loneliness Scale (Version 3): Reliability, validity, and factor structure. Journal of Personality Assessment, 66, 20-40.

Vanhalst, J., Goossens, L., Luyckx, K., Scholte, R. H. J., & Engels, R. C. M. E. (2013). The development of loneliness from mid- to late adolescence: Trajectory classes, personality traits, and psychosocial functioning. *Journal of Adolescence*, *36*(6), 1305–1312. https://doi.org/10.1016/j.adolescence.2012.04.002

Williams, K. D. (1997). Social Ostracism. In R. M. Kowalski (Ed.), *Aversive Interpersonal Behaviors* (pp. 133–170). Boston, MA: Springer US. https://doi.org/10.1007/978-1-4757-9354-3_7

Williams, K. D. (2007). Ostracism. *Annual Review of Psychology*, *58*(1), 425–452. https://doi.org/10.1146/annurev.psych.58.110405.085641